



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REGENCY HOSPITAL OF NORTHWEST INDIANA

City of Hospital: Portage, East Chicago

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Dave Huffman

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Medicare Provider Number: 152024

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$109611195
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$109611195

2. Deductions From Revenue

Contractual Allowance	\$85627854
Other Deductions	\$194054
Total Deductions	\$85821908

3. Total Operating Revenue

Net Patient Service Revenue	\$23789287
Other Operating Revenue	\$10988
Total Operating Revenue	\$23800275

4. Operating Expenses

Salaries and Wages	\$10176120	Employee Benefits	\$1769798
Depreciation and Amortization	\$199466	Interest Expense	\$0
Bad Debt	\$575923	Other Expenses	\$10194724
Total Operating Expenses	\$22916031		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$884244	Total Assets	\$30072048
Net Non-operating Gains over Loss	\$90704	Total Liabilities	\$4774996

Total Net Gains	\$974948
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$64608960	\$51126911	\$13482049
Medicaid	\$15098138	\$12306510	\$2791628
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$29904097	\$22388487	\$7515610
Total	\$109611195	\$85821908	\$23789287

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$51773
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$51773	
HCI Payments	\$0		
Subtotal	\$0	\$51773	\$-51773
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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